ALABAMA DEPARTMENT OF REVENUE

№PSE

Extension Request For The Alabama Business Privilege Tax Return and Annual Report

2002

THIS FORM MUST BE SIGNED AND ALL SECTIONS MUST BE COMPLETED

								For Balance Sheet Year: Beginning
C Corporation S Corporation						, , ,		
Regular C Corporation Regular S Corpo				oration	1	Ш	Real Estate Investment Trust	// (mm/dd/yyyy)
☐ Insurance Company (See definitions) ☐ Insurance Comp					See definitions)		Limited Liability Entity	Ending
Financial Institution Group Member Financial Institution					roup Member		Business Trust	/ /
LLE Taxed as Corporation LLE Taxed as Co					•		Disregarded Entity	(mm/dd/yyyy)
LEGAL ENTITY NAME (PLEASE TYPE OR PRINT)					20011		Diorogardod Entity	CY (Calendar Year)
LEGAL	ENTIT NAME (FLEASE TIPE OR FRINT)							FY (Fiscal Year)
MAILING ADDRESS						FEIN		SY (Short Year)
								` ′
CITY, STATE, AND ZIP CODE					(This Space For Use By Alabama Department of Revenue)			RECEIVING STAMP
FEDERAL BUSINESS CODE NUMBER (NAICS) DOES THIS REPRESENT A CHANGE			1					
		OF ADDRESS?	Yes					
	1a County of incorporation or organizati			1a				1
	1a County of incorporation or organization for all Alabama entities 1b State or country of incorporation or organization							
	2a Date of qualification or registration in Alabama for foreign entities.			1b 2a				
	2b Date of incorporation or registration in Alabama for foreign entities			2b				
Τ,	2c Telephone number of the taxpayer				()			
	3 Name of registered agent in Alabama				,			
C	FEIN or social security number			3				
Н	Street address							
C	City, state and zip code							
H E	Name of president or primary members			4				
С	Social security number			"				
K	Street address							
Н	City, state and zip code							
E	5 Name of secretary or secondary men			5				
R : E	Social security number			"				
	•							
	Street address							
	6 Kind of business done in Alabama							
	7 Principal place of business in Alabama							
	City, state and zip code			7				
,	3 Kind of business done generally			8				
j	Principal office and place of business			9				
•	City, state and zip code							
	only, state and hip code				I			FOR DEPARTMENT USE ONLY
10	Secretary of State annual report fee	\$10 (corporati	ons only)			10)	
•	Secretary of State annual report fee \$10 (corporations only)							
11 Privilege tax due* (minimum \$100)						_ 11		
(Electronic Funds Transfer is not available for these taxes)						12	2	
	(=:::::::::::::::::::::::::::::::::::::		<i>- 14.100)</i>			• • •		
*To avoid late payment penalties, 90% of the actual liability must be paid with this extension request.								
	-		•					
I			th	ne			RY MEMBER, PARTNER, OR PAID PREPAI	, do hereby swear (or
	NAME OF OFFICER, PRIMARY MEMBER, PARTN							
affirm), depose, and say, under penalties of μ	perjury, that the	e information pres	sentec	d in this Annual Repo	ort and I	Extension Request is truthful a	and correct.
DATE SIGNATURE OF OFFICER, PRIMARY MEMBER, PARTNER, OR PAID PREPARER**								
	DATE	S	IGNATURE OF OFFICER	r, PRIMA	INY MEMBEH, PARINER, OR	PAID PRE	PAREK^^	

Form PSE Instructions

Every corporation, limited liability entity (LLE), business trust, disregarded entity and real estate investment trust (REIT) that is doing business in Alabama or is registered/ qualified to do business in Alabama is required to file an Alabama Business Privilege Tax Return and Annual Report. The tax is levied for the privilege of being organized under the laws of Alabama or doing business in Alabama.

The Department may grant an extension of time, <u>not to exceed six months</u>, for filing the Business Privilege Tax return provided:

- 1. The Extension Request (Form PSE) is received by the Department or postmarked by the U.S. Post Office on or before the due date, and
- 2. A payment of 90%, but in no case less than \$100.00, of the tax liability is made with the request. Corporations must also pay the \$10.00 Secretary of State's fee, and
- 3. All sections of the Extension Request are completed, and
 - 4. The Extension Request is signed.

An extension of time for filing an initial return is not allowed.

General Instructions

Fill in the blanks indicating the beginning and ending dates of the balance sheet year used to complete the business privilege tax. Indicate, by checking the appropriate box, if the period is a calendar year (CY), fiscal year (FY), or short year (SY).

<u>Print</u> or <u>type</u> the name and address of the entity requesting the extension.

Enter the FEIN of the business entity requesting the extension. Do not enter the FEIN of the parent entity.

If the address has changed since the last filing, indicate the change by checking the box. Indicate the type of business entity by checking the appropriate box. (TO BE CLASSIFIED AS A FINANCIAL INSTITUTION GROUP MEMBER, AT LEAST ONE MEMBER OF THE GROUP MUST BE SUBJECT TO ALABAMA FINANCIAL INSTITUTION EXCISE TAX. TO BE CLASSIFIED AS AN INSURANCE COMPANY THE ENTITY MUST BE SUBJECT TO ALABAMA INSURANCE PREMIUM TAX.)

Lines 1 through 9 represent the Annual Report. If any of the information on lines 4 or 5 has changed since the last filing, you must indicate the change by checking the "update" box in order for the Department of Revenue to update your records.

Attach your check, payable to the Alabama Department of Revenue, to the front of the extension request.

Due Dates

BUSINESS PRIVILEGE TAX – Effective January 1, 2001, the taxable year for Business Privilege Tax will be the year used by the taxpayer to file income tax, financial institution excise tax or insurance premium tax returns.

Taxpayers who report on a calendar year basis will file their extension request or tax return on or before March 15, 2002 for corporations or April 15, 2002 for LLE's.

Taxpayers who have a tax year other than a calendar year <u>must</u> file an extension request or tax return no later than two and one-half months if a corporation or three and one-half months if an LLE, after the beginning of each fiscal or short tax year.

If you have any questions, please contact the Business Privilege Tax Section at (334) 353-7923. (www.ador.state. al.us).